

Bridging to a new era

Annual Performance Report 2022



Who we are

The International Planned Parenthood Federation (IPPF) is a global healthcare provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide Federation of national organizations working with and for communities and individuals in more than 140 countries.

150

Member Associations and Collaborative Partners

19,799

Staff

35,357

Service delivery points worldwide

Acknowledgements

We would like to express thanks to the IPPF volunteers and staff of Member Associations and the Secretariat who have contributed to this report.

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Throughout this report, the terminology ‘Member Association (MA)’ includes IPPF Member Associations and Collaborative Partners.

Due to rounding, numbers presented in this report may not add up exactly to totals provided. Percentages reflect absolute and not rounded figures, and may not add up to 100 per cent.

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Foreword

In 2022, a number of severe shocks — the COVID-19 pandemic, the war in Ukraine, the resulting food and energy crises and spiralling inflation — shook the world economy. UN Secretary General António Guterres said, “Unprecedented times demand unprecedented action” and called for “a transformative SDG [Sustainable Development Goal] stimulus package, generated through the collective and concerted efforts of all stakeholders.” But instead, as reflected in IPPF’s audited accounts, several donor countries, particularly the United Kingdom and Sweden, slashed their development assistance.

Most low-income countries saw a slow recovery in employment in 2022. The job losses that hit women hardest during the initial phase of the pandemic have not been fully reversed.

In this challenging climate, we redoubled our efforts and achieved so much, despite reduced income in the final year of our 2016–2022 strategy. Income raised by the IPPF Secretariat fell by 26 per cent (a drop of US\$43 million, mainly through cuts to restricted projects) compared to 2021, and expenditure decreased by 16 per cent (US\$24 million).

UK Foreign, Commonwealth and Development Office funding cuts in Pakistan, Cameroon, Uganda, Chad and Ethiopia translated into significant declines in IPPF Member Associations’ (MAs) service provision in these countries. And yet, through the extraordinary effort of frontline healthcare workers, overall services remained fairly stable compared to 2021. What an incredible achievement! IPPF delivered a total of 226.9 million sexual and reproductive health services, a two per cent decrease compared to 2021. Couple years of protection fell by nine per cent to reach 26.5 million. In some key areas, extraordinary performance by MAs more than compensated for those affected by these cuts. MAs served more vulnerable people in humanitarian settings than ever before: a total of 10.0 million in 2022. In addition, safe abortion services increased by 11 per cent to 5.0 million.

Throughout this annual report, you’ll see evidence of IPPF harmonizing advocacy efforts to champion rights, develop winning narratives and counter a well-funded and growing opposition. You will read about our work investing in young and diverse community leaders, prioritizing self-managed care and digital health solutions, and rapidly responding to humanitarian crises with life-saving sexual and reproductive healthcare.

Across the globe, IPPF MAs are fighting back, challenging unjust laws and policies and spreading our powerful messages. We have won major victories. In Colombia, the Latin American Green Wave of abortion rights successes continued as the country’s highest court decriminalized abortion (more on this case on page 12). Globally, IPPF achieved 150 advocacy wins in 2022 to support or defend sexual and reproductive health and rights and gender equality in policy or legislation, 24 per cent more than in 2021.

IPPF is increasingly using digital channels to harness young people’s creativity and passion. Through exciting initiatives like IPPF Africa Region’s Treasure Your Pleasure campaign (see page 24 for more detail), we have reached a wide audience with sex-positive

messages focusing on consent and respect. In 2022, IPPF MAs provided 35.0 million young people with quality-assured comprehensive sexuality education (CSE) and trained over 125,000 educators to provide CSE.

Once again, IPPF has proven itself an agile and focused healthcare provider that can make quality services accessible to those living in the most remote areas, those excluded and marginalized in many societies, and those experiencing crises. We have also demonstrated our resilience and innovation, amplifying social movements and countering the aggressive opposition that has become the defining feature of macho politics.

I humbly acknowledge and show immense gratitude for the expertise and courage of our frontline healthcare workers and activists. And thank you for the exceptional support received from all of you who believe in the journey we are on as we embark on our ambitious new strategy, Come Together (2023–2028).

As part of the global community, IPPF will continue to shape the future of sexual and reproductive healthcare and progress the most intimate of rights. We are counting on you!



Dr Alvaro Bermejo
Director-General, IPPF



Outcome 1

Champion Rights

100 governments respect, protect and fulfil sexual and reproductive rights and gender equality



Outcome 1

Champion Rights

2022 was a year of advocacy successes for IPPF MAs while working in increasingly challenging environments. There were hard-fought victories to celebrate, but also devastating setbacks. IPPF continued to champion sexual and reproductive health and rights across the globe, with advocacy at sub-national, national, regional and global levels. We harnessed the vast experience and knowledge of MAs and other partners to shift opinion and win support on vital issues among the general public and key decision-makers.

IPPF contributed to a total of 150 policy and legislative changes in support or defence of sexual and reproductive health and rights and gender equality in 2022, a significant increase of 24 per cent over 2021. 118 of these advocacy wins were due to work carried out by MAs, of which 104 were at the national level and 14 at the sub-national level. A further 32 were recorded by the IPPF Secretariat, with 11 at the global level and 21 regionally.

In total, 23 legislative changes focused on expanding access to sexual and reproductive health services, 23 related to education and services for young people, and 19 were concerned with preventing sexual and gender-based violence.

Promoting access to abortion care was the focus of 28 of IPPF's advocacy wins in 2022. The case study on page 12 describes the success of Profamilia in helping to secure a court decision to decriminalize abortion in Colombia, building on the Green Wave that is fighting for abortion rights across Latin America. However, in many other parts of the world the opposition is taking increasingly bold steps to restrict and remove the right to access abortion. Most notably, the US Supreme Court's decision to roll back Roe v Wade and remove constitutional protections for abortion rights is a grave concern. The shift to states deciding their own abortion laws is causing serious harm to women, girls and all pregnant people who might not be able to end an unwanted pregnancy or might be at risk of complications during pregnancy that doctors cannot legally treat. The patchwork of state abortion bans means that those without sufficient funds to travel for safe, legal abortion care or obtain medical abortion pills will be forced underground to unsafe, unregulated methods, with no guarantee of quality of care or aftercare. In response, IPPF MA Planned Parenthood Federation of America (PPFA) has launched a Bans Off Our Bodies campaign to combat this attack on reproductive rights. PPFA also continues to provide services to all who need them where legally possible, including medical abortion pills via telemedicine.

Ramifications extend beyond the United States, as this decision emboldens extremist and socially conservative opposition movements to follow suit and attempt to dismantle reproductive rights around the world. Planned Parenthood Global hosts IPPF's Countering Opposition Centre, which supports MAs to advance sexual and reproductive health and rights and neutralize opposition attacks. During 2022, the centre trained 10 MAs in monitoring and combating opposition movements. In addition, 16 MAs participated in training on safety and security

Result 1

150

successful policy and/or legislative changes in support or defence of sexual and reproductive health and rights and gender equality

Result 3

596

youth and women's groups supported to take a public action on sexual and reproductive health and rights

issues for activists. The centre also supported an event in Uganda – a country that is often a testing ground for extreme opposition activity as demonstrated recently with the criminalization of LGBTQI+ people – to convene diverse networks and coalitions, including elected officials, to shape new narratives and thinking on sexual and reproductive health and rights.

IPPF's European Network Regional Office hosts the Winning Narratives Centre. This initiative develops powerful new values-based narratives on sexual and reproductive health and rights to target the persuadable middle segment of society through a clearer understanding of this group's values and how this affects their response to the ways in which a topic is framed. The centre has conducted research into the opposition's use of language to push their agenda in the public sphere, for example 'eco-friendly' language to present contraception as a pollutant, and used this to inform MAs' narratives. The Winning Narratives Centre also trained MAs and partners on the theory and practice of values-based communications as well as individual coaching sessions to address the specific challenges MAs face in crafting narratives.

Member Associations work closely with campaign and interest groups to support them in their advocacy to promote sexual and reproductive health and rights. In 2022, IPPF supported a total of 596 youth and women's groups to take a public action on sexual and reproductive health and rights, an increase of eight per cent compared to 2021. Of these, 249 were women's groups, 231 were youth groups and 116 were groups comprising both.

Decriminalizing abortion in Colombia



In a major triumph for human rights, in February 2022, Colombia’s Constitutional Court ruled to decriminalize abortion within the first 24 weeks of pregnancy. Colombia is now a country with some of the most progressive abortion laws in Latin America.

“The freedom for women to finally make their own choices about their pregnancies and their bodies is fundamental to disrupting the cycle of poverty that so many in Colombia face. This monumental decision is also a win for dedicated healthcare providers, who will finally be recognized as people who simply care about the needs of others.”

Marta Royo, Executive Director, Profamilia



Previously, abortion was permitted under just three grounds: in cases of rape or incest, when the woman’s health or life was at risk, or if the pregnancy was not viable. But this landmark decision means that people seeking and providing abortion in the country will no longer face criminal prosecution. After 24 weeks, legal abortion is permitted under the three exceptions formerly in place.

Profamilia has campaigned for years to decriminalize abortion and played a key role in helping to bring about the decision. As the country’s largest provider of abortion care, the MA contributed arguments to strengthen the lawsuit, specifically concerning the impact on healthcare professionals. Profamilia coordinated expert interventions to the court as well as putting forward its own. The MA also supported communication campaigns and grass root mobilizations in different parts of the country, and increased visibility of the issue at the UN Human Rights Council in 2021.

Among the various arguments that were accepted by the Court was that criminalizing abortion fuels stigma and does not reduce the number of abortions. Rather, it forces women to seek unsafe abortion, with the poorest women, migrants and those living in remote areas hardest hit. Profamilia estimates that at least 26,223 unsafe abortions were carried out across Colombia in 2020.

This historic win for reproductive rights will save lives. It is another victory for the Green Wave: the powerful grassroots movement of feminists, pro-choice activists, young people and human rights defenders that is changing the debate around abortion in Latin America. The decision follows rulings in Argentina and Mexico that have widened access to legal abortion. Activists hope that the ripple effect will continue, triggering legislative change in other countries that restrict women’s ability to make decisions about their own bodies.

Supporting a UN General Assembly resolution on sexual violence

In September 2022, the General Assembly adopted a landmark resolution on justice for survivors of sexual violence – the first time the UN has focused a resolution on this topic.¹ It condemns all forms of sexual and gender-based violence and urges Member States to provide access to justice, reparations and assistance for victims and survivors. The resolution also calls on states to provide gender-responsive legal protection and health services, including sexual and reproductive healthcare.



Photo: IPPF/Tommy Trenchard/Malawi

IPPF worked hard to shape and support the resolution, from first discussions on the importance of such a resolution to the final vote. We worked closely with Member States on each draft of the text to ensure it contained essential elements to meet the needs of victims and survivors of sexual violence, including through evidence-based language suggestions. We supported the negotiations by providing rationale and data to support critical elements in the text and finding compromises that balanced political considerations with needs and rights. In addition, we supported Member States to stand strong against politically-motivated hostile amendments, which were used in the strong statements to defend the text.

Despite conservative opposition groups lobbying Member States to support hostile amendments to water down commitments to survivors of sexual violence, all four amendments were defeated. The resolution retains a full paragraph on comprehensive sexual and reproductive healthcare, references to intimate partner violence, and the 'multiple and intersecting forms of discrimination' that women and girls face.

Importantly, the adopted resolution also calls for access to 'safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care such as skilled birth attendance and emergency obstetric care, which will reduce obstetric fistula and other complications of pregnancy and delivery [and] safe abortion where such services are permitted by national law'. It recognizes that human rights include the right to have control over and decide freely and responsibly on matters related to sexuality.

UN resolutions are powerfully symbolic and set global standards that Member States strive to achieve. With one in three women globally subjected to physical or sexual violence,² this historic resolution affirms global consensus on a critical issue: justice for survivors. It reiterates Member States' commitment to promote the human rights of women and girls, gender equality and sexual and reproductive health. As such, it is a powerful tool to be used at national and regional levels to bring about change.

Shaping the EU Youth Action Plan

In October 2022, the European Commission adopted the Youth Action Plan in EU external action (2022–2027) – the first EU policy framework for a strategic partnership with young people around the world.³ In November, Member States committed to the Youth Action Plan’s objectives through the adoption of Council conclusions.⁴ The Youth Action Plan aims to promote meaningful youth participation and empowerment in EU external action for sustainable development, equality and peace.

This document affirms EU commitment to support sexual and reproductive health and rights, access to youth-friendly services and comprehensive sexuality education, and includes strong language on mainstreaming gender equality, non-discrimination and applying an intersectional approach.

Under the Youth Action Plan, new funding opportunities will be made available. This includes the Youth Empowerment Fund, a pilot programme that will support grassroots youth organizations and youth-led initiatives. To promote young people’s engagement, youth advisory structures will inform EU Delegations of national priorities. The Youth Action Plan is significant for IPPF because it will help ensure that EU Delegations allocate funds to improve young people’s health and wellbeing, including access to youth-friendly sexual and reproductive healthcare. It will also create opportunities for participation by MA youth groups.

The document is the result of extensive consultation with over 220 stakeholders globally. IPPF European Network Regional Office had considerable input to the draft Youth Action Plan. IPPF took part in a consultation facilitated by the European Commission and delivered key messages on how sexual and reproductive health and rights should be framed.

The Regional Office was also involved in negotiations around the Council conclusions. IPPF co-organized a meeting where youth advocates could express their concerns and messages to Member States; shared language with the team who drafted the Council conclusions and key Member States through Countdown 2030 Europe; and met with Member States to submit amendments to various drafts.

At the Council level, like-minded Member States successfully blocked opposition attempts to water down language related to LGBTQI+ people and sexual and reproductive health and rights. In the end, an entire paragraph on sexual and reproductive health and rights was retained. The Council conclusions send a strong political signal that EU Member States support young people’s participation, gender equality and sexual and reproductive health and rights. And they indicate to EU Delegations and Member State embassies that they should allocate funds to implement the Youth Action Plan.



Extending reproductive choice in Sudan

Last year, IPPF MA, the Sudan Family Planning Association (SFPA), achieved two significant advocacy wins by providing strategic inputs into the National Reproductive Health Policy (2022–2030). Firstly, SFPA advocated for misoprostol to be included in the National Essential Medicines List. And secondly, the MA lobbied for task shifting to be addressed in the policy, allowing health workers – and not only doctors – to provide long-acting contraception.

Misoprostol is a critical drug used to prevent maternal mortality caused by post-partum haemorrhage and incomplete abortion. It was previously included in Sudan's 2014 National Essential Medicines List for treatment of post-partum haemorrhage. And in 2018, SFPA signed an agreement with the reproductive health authorities to use misoprostol to treat bleeding following incomplete abortion in its clinics in three states – becoming the first and only NGO in Sudan to do so. To extend access beyond its static clinics, the team advocated for misoprostol to be included in the National Essential Medicines List for post-abortion care. After lobbying the Federal Ministry of Health, the MA's efforts paid off. This will enable not just SFPA but also other sexual and reproductive healthcare organizations to provide quality post-abortion care at various levels, including community care, thereby averting maternal deaths and illness.

In Sudan, there is a severe shortage of trained providers of long-acting reversible contraception. Under the previous government policy, only doctors were authorized to do so, which restricted access. Therefore, SFPA embarked on an advocacy campaign to ensure that task shifting was included in the National Reproductive Health Policy, paving the way for trained registered nurses and qualified nurse-midwives to provide contraceptive implants.



Photo: IPPF/Hannah Maule-ffinch/Sudan



Photo: IPPF/Hannah Maule-ffinch/Sudan

SFPA began the process in 2019 by developing a policy brief and lobbying key government actors, including Federal Ministry of Health officials, and professional associations of obstetricians and gynaecologists, nurses and midwives. After considerable work from the MA, in November 2022 the new National Reproductive Health Policy recognized task shifting as a promising strategy to address shortages in the workforce. This was followed by the Federal Ministry of Health allowing trained health workers other than doctors to provide long-acting reversible contraception. SFPA is currently working on a pilot project, training health extension workers to insert implants at community-based health posts.

Both advocacy wins secured by SFPA will enable a diverse range of providers to offer quality reproductive healthcare, widening choice for women throughout the country. However, the current crisis in Sudan makes carrying out service delivery vastly more difficult. SFPA has put together a database of operational midwives and facilities for pregnant women but until the military conflict ends, many women will be unable to access the reproductive care they urgently need.



Outcome 2 Empower Communities

1 billion people act freely on their sexual
and reproductive health and rights



Photo: IPPF/Xaume Olleros/Benin

Outcome 2

Empower Communities

IPPF MAs ensure access to clear, accurate, evidence-based and non-judgemental information so that people – especially young people – can claim their sexual and reproductive rights. As opposition and anti-gender groups around the world increasingly mobilize against comprehensive sexuality education and sexual rights and disseminate misinformation, IPPF stands together with partners and social movements to promote evidence and defend the right of young people to make their own informed decisions about their relationships, bodies and health.

In 2022, IPPF MAs provided comprehensive sexuality education to a total of 35.0 million young people, a one per cent increase on 2021. Although the MA in China was responsible for 81 per cent of this total, the provision of comprehensive sexuality education to young people in other countries grew from 4.0 million in 2021 to 6.5 million in 2022. This reflects the efforts from MAs to use online methods as well as in-person education to reach a wider audience, both in school and out-of-school. In total, 126 MAs are providing CSE of which 56 MAs are also providing comprehensive sexuality education virtually.

In 2022, IPPF MAs trained over 125,000 educators to provide comprehensive sexuality education, an impressive 24 per cent increase over the previous year. MAs in the Africa region accounted for 44 per cent of the total, while European Network contributed 22 per cent and the Americas and Caribbean region 18 per cent.

IPPF MA in Uganda, Reproductive Health Uganda, hosts the Global Youth Connect digital platform. The online information portal – a one-stop centre on sexual and reproductive health and rights – aims to facilitate communication between IPPF's youth networks and empower young people in all their diversity through meaningful and inclusive engagement. The platform showcases stories and experiences that share lessons learned and best practices from different MAs; an information library containing tools, policies and resources; and an interactive question and answer page. In 2022, the team designed the site, gathered and generated materials and established a ten-person think tank to coordinate activities. The Global Youth Connect portal is scheduled to launch during 2023.

Another initiative undertaken by IPPF in youth engagement is the Youth Social Venture Fund, hosted by the Family Planning Association of India. This innovative scheme uses technology to address the challenges young people face in accessing sexual and reproductive healthcare and information. The fund awarded its first set of grants in 2022 to young innovators in Uganda, Kenya and Burkina Faso, to create apps which provide information on contraception options and link users to approved and qualified providers of quality services.

Result 4

35 million

young people completed a quality-assured comprehensive sexuality education programme

Result 5

125,461

people trained by MAs to provide comprehensive sexuality education

Countering female genital mutilation (FGM) is a key part of our response to sexual and gender-based violence. IPPF's FGM Center of Excellence, hosted by the MA in Mauritania, Association Mauritanienne pour la Promotion de la Famille, uses MA-to-MA learning to combat FGM where it is culturally prevalent, through a person-centred approach. In July 2022, the MA organized a workshop with local religious leaders, which resulted in a multi-faith statement calling for FGM to be criminalized as a harmful practice that has no links with religious requirements. This statement was supported by the Mauritanian Minister of Health, who committed to advocate for national laws against FGM across the region. The center has also developed a guide on sexual and reproductive health issues for young people and started to provide medical care, counselling and guidance on FGM for local people in Nouakchott.

The Social Movements Centre, hosted by IPPF MA in Morocco, Association Marocaine de Planification Familiale, was set up to amplify and coordinate social movements, grassroots organizations and defenders of sexual and reproductive health and rights. The centre identifies areas for collaboration with MAs and provides dedicated support such as capacity building, networking and fundraising. In 2022, the Social Movements Centre devised a new strategy, in partnership with members of their community of practice, and awarded grants to movements in Brazil, Morocco and Paraguay. Workshops were also held on the sustainability of social movements, collective care and digital security.

Treasure Your Pleasure

IPPF Africa Region joined forces with the Pleasure Project last year to design an innovative sex-positive digital campaign across sub-Saharan Africa.

Treasure Your Pleasure created a safe space where young people could talk openly and freely about sex, without shying away from sexual pleasure – which is, after all, why most people have sex. The campaign also aimed to reduce shame and reinforce positive messages about safer sex that is mutually fulfilling, based on consent and respect.

Launched in March 2022, Treasure Your Pleasure reached young people across the continent with fun, educational messaging on Facebook, Instagram, TikTok, Twitter and YouTube. Content in English, French and Portuguese was designed to appeal to

young people. This included colourful, engaging graphics and short videos to spark conversations on topics such as consent, sexual pleasure for people with disabilities, safety, and the physical and emotional benefits of sex. IPPF Africa Region also created a microsite to showcase accessible resources and interactive features, including a quiz and stickers. Based on a rights-based approach, the inclusive campaign embraced all types of pleasure for all people, regardless of their sexual orientation, gender expression or identity.



“Even in progressive environments like Planned Parenthood, sexual health typically means contraception, sexually transmitted infections, and unwanted pregnancies, going to clinics and consulting with doctors. But when you shift the narrative from that fear-based framing, when you talk about sexual pleasure as a big component of sex and your sex life, then you turn it into something that needs to be talked about.”

Mahmoud Garga, Lead Specialist – Strategic Communication, Media Relations and Digital Campaigning, IPPF Africa Region

Partnerships with high-profile African influencers enabled Treasure Your Pleasure to reach a wide audience online. For example, a popular video by Swiry Nyar Kano offered a fresh perspective on the history of sexual pleasure in pre-colonial Africa, challenging the idea that sexual pleasure is a western concept by sharing examples of ancient rituals and cultures that valued pleasure without shame.

The campaign was backed by evidence showing that incorporating pleasure within sexual and reproductive health and rights programmes and education can improve sexual health. This includes recent research by the Pleasure Project and WHO, which demonstrates that prioritizing pleasure increases the likelihood of safer sex.

Between March and September 2022, the campaign reached an impressive nine million people and IPPF Africa Region gained 40,000 new followers across various digital platforms. There was widespread interest around the world, not just in sub-Saharan Africa. So many young people in Asia engaged with Treasure Your Pleasure that IPPF East and South East Asia and Oceania Region is considering adapting the campaign.

IPPF Africa Region have also developed partnerships with other sexual and reproductive health and rights organizations to take the campaign to new audiences, such as SafeHands who are using the campaign assets to organize youth outreach activities in hard to reach communities in Uganda.



Advancing Comprehensive Sexuality Education

IPPF MAs around the world are trailblazers in the provision of quality comprehensive sexuality education in and out of school: increasing young people's awareness of their rights, promoting gender equality, and empowering young people to make informed decisions about their health, relationships and sexuality.

Three regional Centers of Excellence continued to share their extensive knowledge, learning and best practices in youth-centred programming and comprehensive sexuality education with other MAs and civil society organizations at national and regional levels. The MAs – Association Togolaise pour le Bien-Etre Familial (ATBEF) in Togo, Planned Parenthood Association of Ghana (PPAG) in Ghana and Profamilia in Colombia – work jointly with Rutgers, IPPF MA in the Netherlands. ATBEF has been a Center of Excellence since 2019, with Profamilia and PPAG joining in March 2021.

In 2022, ATBEF provided almost 758,000 sexual and reproductive health services to young people via clinics, university kiosks and youth centres. The MA delivered comprehensive sexuality education to nearly 120,000 young people in Togo. In addition, ATBEF trained 1,374 educators (teachers, facilitators and peer educators) to provide comprehensive sexuality education. In Colombia, Profamilia trained 148 service providers online, including 48 from Peru, in delivering youth-friendly services.

The Centers of Excellence foster gender equality so that young people in all their diversity can enjoy their sexual and reproductive health and rights. Rutgers trained PPAG in November 2022 on integrating a gender-transformative approach within comprehensive sexuality education and service delivery, using their acclaimed toolkit.⁵ Another valuable resource, the Exploring Values e-learning course, was piloted in French in Togo with ATBEF in June 2022. With strengthened capacity, the centers will be better placed to transfer their knowledge to other MAs.

The regional centers are now being approached by MAs, UN agencies and governments to share their experience and support the scale-up of quality comprehensive sexuality education. In 2022, they provided support to 20 MAs and other organizations.

In the Arab World region, talking about sex is often considered a taboo.⁶ In many countries, adolescents and young people are considered too young to access sexual and reproductive health services and accurate information. Power imbalances between men and women can lead to unequal decision-making and harmful practices such as child, early and forced marriage and sexual and gender-based violence. In Lebanon, SALAMA, the Lebanese Association for Family Health, is actively challenging these traditional attitudes.

The MA delivers comprehensive sexuality education to young people, including marginalized and vulnerable youth, young people with disabilities, key populations and Syrian refugees in schools, orphanages, universities, youth centres and refugee camps. As comprehensive sexuality education is not included in the school curriculum in Lebanon, parents, schools and orphanages are contacting SALAMA to ask them to provide accurate information.

To reach a wider audience, SALAMA disseminates AMAZE videos online to adolescents aged 11–14 through social media channels.⁷ The animated videos, which cover topics such as puberty, STIs including HIV, healthy relationships and mental wellbeing, are fun and age-appropriate. Additionally, the programme is an effective way of attracting young people to train as peer educators.

The MA has achieved remarkable results. From 2018 to 2022, SALAMA trained 42 peer educators who delivered comprehensive sexuality education to 2,000 young people a year, produced 40 videos on sexual and reproductive health and rights for adolescents, and reached 12 million adolescents with positive messages on social media. As young people become aware of their rights, they are increasingly seeking services and information at SALAMA's youth-friendly clinics. The number of sexual and reproductive health services provided to young people rose fourfold in this period.



Photo: IPPF/Hannah Maule-finch/Lebanon

Outcome 3 Serve People

2 billion quality, integrated sexual and reproductive health services delivered by IPPF and its partners



Photo: IPPF/Hannah Maule-finch/Sudan

Outcome 3

Serve People



After a strong recovery from the COVID-19 pandemic in 2021, last year presented new challenges in the delivery of sexual and reproductive health services.

Photo: IPPF/Disha Arora/India

While facing increasing global and national opposition to sexual and reproductive health and rights, declining funding and an increase in humanitarian disasters, MAs continued to deliver quality client-centred care, through their own networks of service delivery points as well as through partner clinics.

Many MAs considerably increased their services, while others had to scale down their reach, mainly due to funding challenges. IPPF MAs strengthened their commitment to providing client-centred care through a rights-based approach. They provided integrated care across the lifecycle without stigma and discrimination, in particular reaching people who are marginalized including people living with disabilities, LGBTQI+, sex workers or people living with HIV.

Overall, IPPF provided a total of 159.9 million services directly through MA facilities in 2022, a three per cent increase over 2021. This can be largely attributed to mobile clinics which accounted for almost all of this growth, reflecting the ways in which MAs are increasingly reaching people closer to their communities, in particular serving remote areas and marginalized people.

The number of services enabled through partner clinics, however, fell by 12 per cent, to 67.0 million. This is primarily due to the scaledown or closure of sites in a small number of MAs due to funding cuts, especially from the Women's Integrated Sexual Health (WISH) programme, funded by the UK Foreign, Commonwealth and Development Office, which includes a large component of working through partners.

Result 7

159.9m

sexual and reproductive health services provided directly by IPPF MAs

Result 8

26.5m

couple years of protection



Photo: IPPF/Hannah Maule-ffinch/Sudan

From a total of 226.9 million sexual and reproductive health services delivered in 2022, MAs in the Africa region contributed 45 per cent, while the Arab World region delivered 26 per cent and the South Asia region 13 per cent.

The number of clients reached remained in line with our 2021 performance, at 71.4 million. This nonetheless represents a 16 per cent increase compared to 2020, illustrating the continuing efforts from MAs to build resilient service delivery models following the COVID-19 pandemic. Poor and/or marginalized people made up 86 per cent of our total clients, while 40 per cent were under the age of 25.

Responding to a world increasingly prone to natural disasters and conflicts, IPPF's reach to people living in crisis settings grew significantly in 2022, with 10.0 million people reached, a 64 per cent increase compared to 2021. This was driven by our response to conflicts such as in Ethiopia, Sudan, and Ukraine, as well as our response to natural disasters such as the catastrophic flooding in Pakistan. IPPF ensured that sexual and reproductive healthcare remained at the core of all humanitarian response, providing life-saving care and meeting the needs of women and girls particularly vulnerable to sexual and gender-based violence.

Expanding contraceptive choice

Contraception remains an integral part of MA services, providing the entry point for many clients to access further sexual and reproductive health services in the same facility. Couple years of protection (CYP) – the estimated protection from pregnancy provided by contraceptive methods over a one-year period – fell by nine per cent from 2021, to a total of 26.5 million. This can be largely attributed to significant decreases reported by a small number of MAs who had to scale down their programmes due to funding cuts from WISH. The main decline in CYP was observed in partner clinics, with contraceptive provision from other channels, including MA own sites, social franchise and commercial marketing, remaining mostly stable.

Over half (55 per cent) of total CYP was provided by MAs from the Africa region, while the Arab World and Americas and Caribbean regions each contributed a further 18 per cent. Two-thirds of total CYP was delivered through long-acting and permanent contraceptive methods. By offering reproductive choice, IPPF helped prevent 11.2 million unintended pregnancies and avert 3.3 million unsafe abortions in 2022. It is estimated that over US\$378 million in direct costs to health systems was saved as a result of these services.

Delivering abortion care

IPPF MAs delivered over five million abortion-related services in 2022, an increase of 11 per cent from 2021. The proportion of medical abortions continued to rise from 63 per cent in 2021 to 69 per cent in 2022. This increase reflects the flexibility and convenience that medical abortion provides, enabling MAs to offer different models of care that respond to clients specific needs, circumstances and preferences.

Self-care, or the self-management of abortion, is recommended by the World Health Organization as a safe and effective abortion care option in the first 12 weeks.⁸ It places control in the hands of the pregnant person and enables them to play a leading role in their care by self-managing one or more components of a medical abortion, with or without the support of a health worker.⁹ Since 2021, an increasing number of MAs are supporting women to self-manage medical abortion. In 2022, over 14,000 services to facilitate abortion self-care were provided by MAs: more than three times the amount in 2021, with 12 MAs contributing to the total.

Global Care is an international consortium funded by IPPF and led by Profamilia Colombia, the IPPF MA in Colombia. The consortium of 15 MAs and partner organizations from Asia, Africa, Europe, Latin America and the Caribbean seeks to create solutions to enable abortion self-care in different contexts. Following the design of person-centred care models tailored to each partner’s context during the first stage of the programme, the consortium has begun implementing these models and gathering and sharing learnings. In 2022, Global Care achievements included training service providers to facilitate abortion self-care, the prototyping of a web app to improve online access to medical abortion care, and providing a range of services, including counselling and follow-up, to support women to self-manage medical abortion. In addition, communication campaigns, with positive narratives to overcome the stigma around abortion self-care, and advocacy actions to transform restrictive policies and legislation were conducted. Among lessons learned from the first year are the importance of knowledge generation and sharing on abortion self-care, with an international community of practice created and launched by Global Care, where experiences and best practices are exchanged between MAs.

Result 10

63%

average net promoter score for client satisfaction

Result 11

67.0m

sexual and reproductive health services enabled

Addressing the needs of women and girls

In 2022, IPPF MAs provided sexual and reproductive health services to an estimated 59.8 million women and girls – representing 84 per cent of our total clients. Obstetric services, including essential care required before, during and after pregnancy and childbirth, grew from 25.7 million to 28.2 million, an increase of 10 per cent.

IPPF also delivered 28.3 million gynaecological services during 2022, of which the Africa region provided 38 per cent and the Arab World region 27 per cent. This includes breast and pelvic examinations, biopsies, diagnostic imaging and cancer screening, and menstruation-related services. Supporting women and girls at risk of sexual and gender-based violence is an essential part of Member Associations’ work. Last year, IPPF provided a total of 4.5 million sexual and gender-based violence services, comprising screening and counselling.

Delivering HIV care

IPPF MAs provided a total of 47.2 million HIV-related services in 2022. This is a broad definition encompassing counselling, testing, management and treatment of sexually transmitted infections including HIV. Counselling for HIV and STI services made up the largest portion of this category of services, with 46 per cent of the total (21.7 million services). Sampling and testing services contributed 26 per cent of total HIV-related services (12.5 million), while consultation services represented 22 per cent (10.5 million). There were 2.2 million HIV-related treatment and management services delivered in 2022, of which just over 261,000 concerned the provision of HIV anti-retroviral medication, including both prophylactic treatment and care for people living with HIV. MAs in the Africa region delivered 50 per cent of total HIV-related services, with the Arab World region contributing 14 per cent and the Americas and Caribbean region and the South Asia region each adding 12 per cent.

Photo: IPPF/Hannah Maule-ffin/Hungary

Result 17

10.0m

clients served in humanitarian settings

Reaching under-served people and young people

Firmly rooted within their communities, IPPF MAs are well-placed to deliver care to marginalized people and remote locations. The number of services provided through mobile clinics increased from 35.4 million in 2021 to 38.8 million in 2022, an increase of nine per cent. Three out of every ten services that MAs deliver are through a mobile clinic or community-based provider. The number of marginalized people reached in 2022 increased slightly from 61.6 million to 61.7 million.

Young people are at the heart of IPPF programmes and critical to our service delivery approach. Over 100 million services were delivered to young people by MAs during 2022, to an estimated 27.7 million clients. This represents a two per cent increase in youth services compared to 2021.



IPPF's Humanitarian Programme in 2022

The United Nations estimated that 339 million people in 69 countries will need humanitarian assistance in 2023, an increase of 65 million people compared to 2022. Women and girls' sexual and reproductive health and choices are often severely impacted by a crisis and rarely prioritised in humanitarian responses.

During emergencies, spikes in maternal morbidity and mortality occur, as well as the transmission rates of HIV and other sexually transmitted infections (STIs). During times of crisis, sexual and gender-based violence (SGBV) also increases due to the multiple risk factors created by emergencies as well as how existing gender inequalities are exacerbated by the stress and tensions within households, communities, and society.

IPPF's humanitarian programme focuses on four overarching priority areas: promoting localised humanitarian action; ensuring access to lifesaving sexual and reproductive health (SRH) services including abortion care; responding to SGBV in emergencies and responding to the intersection of the climate crisis and sexual and reproductive healthcare.

In 2022, our humanitarian reach grew more than any previous year, responding in 44 countries and reaching 10.0 million clients (a 64% increase as compared to 2021) throughout humanitarian and fragile settings.

"I feel very humbled to be able to bring my own little contribution to a wide national, as well as international, effort to support the refugee women affected by the humanitarian crisis in Ukraine as part of the SECS (Society for Contraceptive and Sexual Education). SECS has been responding to the reproductive health needs of Ukrainian women by facilitating access to gynaecological services and information, as well as treatment. Being able to contribute towards building back up a sense of safety, care, and support around a woman who is starting again is a precious gift that I receive every day with gratitude and responsibility."

Bianca Brisan, SECS Romania



Photo: IPPF/Hannah Maule-finch/Romania

341

clinical service providers in Ukraine trained in clinical management of rape (CMR)

326

people in surrounding countries trained in SRHR, including abortion and SGBV

Ukraine

Russia’s invasion of Ukraine, which started on 24 February 2022, has caused widespread death, destruction, displacement and suffering that left at least 17.6 million people in urgent need of humanitarian assistance and protection. They include 6.3 million internally displaced people (IDPs), 6.9 million people who remain at their homes and 4.4 million returnees.

IPPF is currently responding to the crisis in seven countries (Ukraine, Moldova, Poland, Romania, Hungary, Slovakia and Bulgaria) and has engaged with 17 local partners in its response, many of which were newly established once the conflict had broken out.

Our partners provide direct medical assistance, support to clients in accessing services from other providers, and youth sexuality information and advice.



Photo: IPPF/Hannah Maule-ffinch/Hungary

Some key successes from Woman Health and Family Planning Ukraine (IPPF’s Member Association) humanitarian response include:

- 16 facilities supported in Ukraine across five regions to provide care for over 5,500 women seeking abortion care and treatment for miscarriage
- 341 clinical service providers in Ukraine trained in clinical management of rape (CMR)
- Medications and treatment provided to support survivors of SGBV in Ukraine
- 326 people in surrounding countries trained in SRHR, including abortion and SGBV
- 4,100 emergency contraceptives distributed in Ukraine and surrounding countries

Pakistan

Natural disasters such as earthquakes, typhoons, floods and drought have affected Pakistan for years, and regularly sweep away the foundations on which the lives of hundreds of thousands of families were built.

Starting in June 2022, Pakistan experienced devastation and wreckage caused by heavy monsoon rains and floods. Some of the worst affected districts were in Balochistan, Sindh and Southern Punjab. According to estimates by the Government of Pakistan, 33 million people across the country were affected including an estimated 8.2 million women of reproductive age. IPPF’s Member Association in Pakistan, Rahnuma-FPAP, responded through the support of both IPPF’s STREAM 3 initiative and through support from the Australian Government’s SPRINT initiative.

Through the use of mobile health clinics and awareness sessions, Rahnuma-FPAP was able to reach 46,031 clients with clinical services and provide over 354,000 SRH services. They were able to complement the existing responses focused on primary health and safe maternal health with the provision of SRH services such as SGBV, and HIV and STI diagnostics and treatment.



Photo: IPPF/Huma Akram Photography/Pakistan

Humanitarian Preparedness

A core activity for the IPPF Humanitarian Programme is to work with Member Associations (MAs) so that they are better prepared to respond to a crisis with immediate life-saving sexual and reproductive healthcare. This is done through in-person and remote training in the Minimum Initial Service Package for SRH in crisis (MISP)*, Clinical Management of Rape (CMR), Safety & Security, SGBV and Simulation Exercises (SimEx) for crisis response. In 2022, the humanitarian team was able to roll out 93 trainings, reaching 1,725 staff Federation-wide.

During 2022, MAs in Vanuatu (VFHA), Cook Islands (CIFWA), Sri Lanka (FPASL) and the Philippines (FPOP) strengthened their humanitarian preparedness by undertaking national SimEx workshops. A preparedness workshop that covered various humanitarian topics was also conducted in Nairobi for several African countries. These locally contextualised workshops develop participants’ capacity in delivering SRH services in crisis. This training serves to increase linkages between our local partners and the relevant government agencies in the country, so when a disaster strikes, the MA is prepared to launch a response.

Keeping our staff safe during a humanitarian response is a key responsibility of IPPF. During 2022, bespoke training was rolled out to several MAs and Regional Offices, as well as key technical oversight and risk assessments provided to all humanitarian responses, including Ukraine, Palestine and Yemen. The mentoring of Security Focal points and those with responsibility for the duty of care of IPPF staff continued, further advancing and embedding security as a cultural part of the Federation.

Governance was front and centre through 2022 within IPPF, with the Americas and the Caribbean, Africa and East & South East Asia and Oceania regional offices as well as the Women’s Integrated Sexual Health (WISH)**, International Medical Advisory Panel (IMAP)*** and Humanitarian teams developing security policies, manuals and contingency plans that dovetail with the overarching IPPF security policy.

* The Minimum Initial Service Package (MISP) is a set of life-saving activities to be implemented at the onset of every humanitarian crisis. It is an internationally accepted minimum standard of care for reproductive health, pioneered and rolled out by IPPF.

** The Women’s Integrated Sexual Health (WISH) programme offers quality integrated and inclusive family planning and sexual and reproductive health services to marginalised and hard to reach populations: the poor, youth under 20 and people living with a disability.

*** Formed in 1979, the International Medical Advisory Panel (IMAP) is a body of medical scientists and of leading experts in the field of Sexual and Reproductive Health and Rights (SRHR).

Community midwives save lives in Afghanistan

The situation in Afghanistan has been difficult for a number of years already, well before August 2021 when the Taliban returned to power, with nearly half the population in need of humanitarian assistance. The rise in hostilities across the country has severely affected health facilities and stretched scarce resources.



The impact has been acute for women and girls, and restrictions on their autonomy and mobility are limiting access to essential healthcare. The risk of dying in pregnancy and childbirth remains the highest in Asia.

Despite this challenging environment, the Afghan Family Guidance Association (AFGA) has continued to provide quality healthcare through a specific project implemented in 11 rural provinces.

Trained community midwives are at the heart of this successful approach. With the help of 113 community outreach midwives and 59 midwives based at family health houses (simple community-based health facilities), the MA is reaching marginalized women and children in remote areas, where access to healthcare is limited. When the Ghulam Jan family health house was established, the village had its own health centre and midwife for the first time.

Community midwives provide a range of services, in line with AFGA's Integrated Package of Essential Services. These include comprehensive emergency obstetric and newborn care, antenatal and post-natal care, contraception, post-abortion care, breast and cervical cancer screening, screening for gender-based violence and referrals. Midwives also offer health check-ups for children under the age of five and nutritional advice. Technical support and training are provided by the MA's team of gynaecologists.

Midwives have addressed gender norms within the community, for example son preference. AFGA has sensitized male community elders and religious scholars to foster support for sexual and reproductive healthcare.

From May to December 2022, AFGA provided almost 371,000 sexual and reproductive health services through this project. Nearly 24,000 women received antenatal and post-natal care, and complications such as post-partum haemorrhage were prevented for 951 women. Just under 2,000 women were screened for breast and cervical cancer. These are extraordinary results, given the major barriers women face in accessing healthcare in Afghanistan.

Outcome 4 Unite and perform

A high-performing, accountable
and united Federation



Photo: IPPF/Hannah Maule-finch/Cook Islands

Outcome 4

Unite and perform

IPPF generated a total income of US\$121.8 million across the Secretariat in 2022. This represents a decrease of 26 per cent from US\$164.7 million in 2021, reflecting an increasingly challenging funding environment in which some of main government donors are cutting aid budgets.

Member Associations mobilize funds through a variety of channels, including client fees, commodity sales, provision of training, and from local and national governments and international donors, in addition to the unrestricted and restricted funding they receive from IPPF. In 2022, MAs raised a total of US\$179.0 million, a slight decline of six per cent from 2021. Most MAs (83 per cent) raised at least half their total income from local sources, an increase compared to 2021, demonstrating greater focus from MAs in diversifying income sources.

IPPF's Social Enterprise Acceleration Programme aims to strengthen Member Associations' capacity to apply entrepreneurial best practices in the health sector, with the goal of delivering social value, expanding and diversifying their funding base and boosting sustainability. Hosted by the MA in Sri Lanka, Family Planning Association of Sri Lanka, the programme supported more than 30 MAs in 2022. Capacity building and training were provided in marketing, sales, business development

and sustainability; using an online storefront and relevant key performance indicators; as well as investment guidance. Many MAs are keen to explore the potential of social enterprise, and yet shifting to a more commercial mindset and providing the necessary staff capacity and skills remains a challenge. In 2023, the programme will focus in depth on a smaller number of MAs, supporting those with the greatest potential to overcome these hurdles.

In IPPF's new resource allocation model, most of the unrestricted funding (known as Stream 1) is shared as grants to MAs using a formula that takes into account a range of criteria such as country needs, including population size and poverty levels, and MAs' performance. Funding for 2022 was awarded on a single-year basis, but from 2023 onwards funding will be allocated on a three-year cycle. This will support MAs to plan and budget for longer periods in time with a greater predictability of income to come and reduced transactional costs.

Further funding is channelled to support strategic priorities under Stream 2; this supports MA initiatives in the areas of the Strategy that require additional investment and focus and that will help IPPF deliver its global outcomes. Funding channels under Stream 2 included gender-transformative youth programming, co-financing to unlock larger funding sources, regional opportunity grants to address specific barriers or opportunities, IPPF's Centers and Funds programme and funding in high income countries to leave no one behind. Finally, humanitarian emergencies are funded through Stream 3.

Volunteers are an invaluable part of the work of MAs and the Federation as a whole. They play a wide range of roles across MAs, from youth volunteers to board members, as well as peer educators, community health workers, medical professionals, fundraisers and advocates. Over 318,000 active volunteers supported MAs in 2022.

One of the ways in which the Secretariat ensures accountability and transparency is through its rigorous accreditation process. IPPF's accreditation system assesses Member Association compliance with a set of membership standards covering areas such as governance, financial management, quality of service provision and leadership on sexual and reproductive health and rights. To maintain full membership of IPPF, MAs must adhere to these standards. Having successfully implemented three accreditation phases since its inception, IPPF will begin accreditation phase IV in 2023. As of December 2022, 89 Member Associations had been accredited under phase III of the system, with another 14 expected to be accredited in June 2023. Seven MAs that failed to fully comply with the standards and responsibilities of IPPF membership were expelled during phase III.

Following an evaluation of phase III in 2021, the accreditation tools were revised the following year. A lighter, more agile system was introduced. Membership standards were consolidated and each phase will run for four years instead of the usual five-year cycle. Learning from conducting accreditation during the COVID-19 era, the norm will be to carry out a virtual review of the Association, with a hybrid of virtual and on-site visits conducted only in exceptional cases. Human resource and finance elements have been strengthened and safeguarding embedded across the standards.

Result 12

US\$121.8m

total income generated by the Secretariat

Result 13

US\$179.0m

raised locally by unrestricted grant-receiving MAs

Result 15

318,135

IPPF volunteers

Result 18

83%

of MAs receiving no more than 50% of their income from IPPF unrestricted grant

Strengthening MA governance

IPPF launched the Global Initiative on MA Governance Strengthening in 2020 to facilitate effective decision-making, free of bias or conflict of interest, with the best available expertise. This builds on the momentum created by IPPF’s sweeping governance reforms that ushered in widespread change throughout the Federation.

Following a competitive selection process, 23 MAs took part in the initiative. Small grants were made available to all participating MAs, however, funding was subject to their commitment to make meaningful change. In addition, the MA of Benin financed its own governance reform, which shows the appetite for modernization. Although the initiative was originally designed to take place in two phases in 2020 and 2021, MAs were keen to explore other aspects of their reform process, so a third phase was held in 2022. A Secretariat support team facilitated learning and sharing among the MAs through online roundtables as well as one-to-one support.

All participating MAs have now completed their governance reforms. Previously, boards tended to be large, made up of volunteers with limited diversity in terms of skills, and a maximum tenure of 15 years. But since taking part in the initiative, MAs have streamlined the process of nominating members to the board, including bringing in external members. A focus on the expertise needed has increased transparency. Boards now provide better financial oversight. MAs also rotate board members by limiting consecutive terms, thereby bringing in new blood. And most boards meet virtually when necessary.

Towards the end of the initiative, the Secretariat worked with consultants to compile lessons learnt in the form of a report and guidelines. This entailed conducting online surveys, interviews, focus group discussions and a workshop. Available in English, French, Spanish and Arabic, the resources will be used to support other MAs undertaking governance reform.

The Jamaica Family Planning Association (JFPA) was one of the MAs that benefited from taking part in the initiative. JFPA established a Nomination and Board Development Committee to increase its active membership and recruit board members with relevant knowledge and skills, including young people. The MA reached out to schools and youth groups to recruit young people aged 16–25 to join its Youth Advocacy Movement (YAM). Through YAM, two young people were then nominated for the board. Broadening JFPA’s membership has not only enhanced governance but also boosted youth engagement, developing advocacy capacity and amplifying young people’s voices on the issues that affect them most.



Photo: IPPF/Ryan Riley/Jamaica

Implementing our Data Management Strategy

For IPPF, managing data effectively is paramount. Only with access to quality, reliable data can we make better decisions to enhance our performance, demonstrate impact, mobilize resources and ensure accountability. It is essential that we build capacity and strengthen systems to respond to the needs of staff, volunteers, donors, and most importantly, the people we serve.

Our Data Management Strategy, published in 2020, covers four areas: data access, quality, use and governance.¹⁰ It describes how data should be governed, how quality can be improved and maintained, and how data can be accessed and used so that we maximize its value to all users, while ensuring confidentiality and security.

The strategy continued to be implemented, supporting MAs to upgrade their data systems. We conducted two cross-regional trainings (one for six Africa region and Arab World region MAs, and another for six South Asia region and ESEAOR MAs), where MAs were able to strengthen their skills and share experiences in data management and utilization.

To accelerate implementation of the strategy, Member Associations were supported to draw up action plans. MAs' priorities included:

Data access: Create a central portal for all MA documents, tools, templates, guidelines, standard operating procedures and other resources accessible to all staff.

Data quality: Set up peer mentorships within MAs to ensure quality and build capacity.

Data use: Identify capacity gaps and train staff at all levels, and document examples of evidence-based decision-making.

Data governance: Develop a standard induction package on monitoring and evaluation, data management systems and processes for all staff.

The Family Planning Association of Nepal (FPAN) has already made concrete changes following training in August 2022. Now all their static and community clinics – 61 in total – have manual or electronic clinic management information systems. Staff and volunteers are aware of appropriate data access and the need for confidentiality. As an example of data-driven decision-making, FPAN closed seven small community clinics where other providers were active or service uptake was low and moved staff to busier clinics, to increase efficiency and programme relevance.

Effective data management underpins a number of the commitments in IPPF's strategy, Come Together. Therefore, this important work will continue, driving decision-making and learning to promote sexual and reproductive health and rights for all.



Photo: IPPF/Jon Spaul/Nepal

Updates from IPPF



Photo: IPPF/Cesar Santos/India

IPPF's General Assembly and 70th anniversary



Photo: IPPF/Cesar Santos/India

The day before IPPF's General Assembly opened, participants directly engaged in two of the most important aspects of our Federation: youth leadership and listening to service users. Through a day-long Global Youth Forum and site visits to Colombian MA Profamilia's clinic, IPPF Member Associations were reminded of the importance of a strong and united Federation – and the impact it has when it is brave, bold and forward looking.

Under the theme “Come Together, Build the Future”, this General Assembly was particularly special, marking the adoption – and ownership – of IPPF's new six-year strategy and the celebration of the Federation's 70th anniversary.

Throughout the three-day Assembly held in Bogota, Colombia, we looked back on the journey IPPF has been on. Founded in 1952 by eight national family planning coalitions, we are now active in over 140 countries, and our agenda has expanded to all aspects of living a happy and fulfilled sexual life.



Photo: IPPF/Cesar Santos/India



Photo: IPPF/Cesar Santos/India

This commitment to learning, growing and serving was seen in the presentations, panel discussions and TedTalks. With over 300 MA representatives present, there were discussions on topics as far ranging as accountability, anti-racism, and delivering care to marginalized and excluded people. Youth voices were a strong part of the Assembly, with representatives featured on every panel and specific sessions that integrated their recommendations to the Federation in the wider agenda. Their demand that IPPF does “nothing about us without us” was heard across the three days at all levels. The most poignant moment was the spoken word poetry performance by Laurinda Juma of Mozambique, Winner of IPPF “Grab The Mic” Youth Challenge. Her fearless exploration of the power of menarche (first menstrual period) moved people of all ages and genders. We further celebrated activists, champions and leaders across IPPF and the sexual and reproductive health and rights movement through the presentation of the IPPF Awards for Outstanding Courage. Each one of these recipients – from youth champions to movement leaders – reminded us that it is possible to come through hardship and make an impact in our communities and in the world.

We were joined by external partners, who helped us to understand how we are seen and our place in the sexual and reproductive health and rights community. Dr Natalia Kanem, Executive Director of UNFPA, emphasized the importance of going beyond promising SRHR to ensuring that all people – especially women and girls – actually have the ability and agency to exercise these rights. Lucy Esquivel, Executive Director of RedTraSex called on IPPF to ensure that it was truly inclusive of all groups, including sex workers.

The General Assembly put the Federation on course for the future. Panels on the development of a Charter of Values and a Global Rebrand focused discussions on the IPPF for the next generation and explored how we need to adapt to the ever-changing context. These processes provide an opportunity to reaffirm IPPF’s core values and mission and to help establish our identity so that we remain relevant, reach as many young people as possible and deliver the best possible care.

On the final day, all MAs with full membership status stepped into the future with a unanimous vote to adopt the new strategy, Come Together. Shaping our direction over the next six years (2023–2028), this Strategy adoption process demonstrates what we know in our hearts: That our commitment to ensuring that every single person in every corner of the world should have access to sexual and reproductive health and rights without barriers, judgement and stigma, and that they should be free to live happy and healthy sexual lives is as strong as ever. And that we stand together – without fear or favor – to make that world a reality.



Photo: IPPF/Cesar Santos/India

Client-Centred Clinical Guidelines

Access to client-centred, comprehensive care and accurate information, delivered by skilled, respectful health workers, is vital to enable all individuals to claim their sexual and reproductive rights. A key part of this is equipping healthcare providers with the latest evidence-based guidance on clinical management, including prevention and treatment. That's why, in 2022, IPPF revised its Client-Centred Clinical Guidelines for Sexual and Reproductive Healthcare.



The guidelines contain recommendations for a range of healthcare providers in MAs and partner organizations, including programme managers, clinical staff, humanitarian response teams and community health workers. Designed to be accessible and user-friendly, they include colour-coded chapters that provide practical tools, relevant links and references.

The updated guidelines cover the core components of integrated, quality sexual and reproductive healthcare, including counselling, contraception, abortion care, sexually transmitted infections, HIV, gynaecology, maternal health, sexual and gender-based violence, and the provision of sexual and reproductive healthcare in humanitarian settings. This package of essential healthcare provides an entry point for further integration with other services and support, thereby reducing missed opportunities for care. Yet sexual and reproductive health is not merely the absence of disease,



Photo: IPPF/Georgina Goodwin/Burundi

it's also about wellbeing and the promotion of healthy, satisfying sexuality and pleasurable sexual experiences, so the revised guidelines reflect this holistic, sex-positive approach.

These clinical guidelines are timely, as IPPF has just agreed its new strategy, Come Together, which firmly centres care on people. A client-centred, rights-based approach means that people should feel empowered to make their own informed decisions about their care. It entails providing options for care that are sensitive to people's individual needs and lived experiences. This includes digital health interventions and support for self-care – innovative models of healthcare delivery that can expand access to services beyond the formal health system, including for marginalized, excluded communities. In line with this approach, the guidelines provide specific recommendations on self-care, such as HIV self-testing, HPV self-sampling, self-administered contraceptive injections and self-management of medical abortion.

A full continuum of care for all individuals across the life cycle is promoted. The guidelines are youth-centred, gender-transformative and inclusive, recognizing the diverse range of gender identity and expression, and sexual orientation.

Revising the clinical guidelines was an ambitious undertaking. It entailed identifying key questions and topics, synthesizing evidence and appraising its quality, as well as reviewing recommendations from international bodies such as the World Health Organization and assessing their relevance to the settings in which MAs work. Each chapter was written by experts consultants and/or IPPF team

members. The draft text was then reviewed by IPPF's International Medical Advisory Panel, and IPPF medical staff.

The guidelines were launched on 21st September at an event held at the Royal College of Obstetricians and Gynaecologists in London, introduced by IPPF Director-General Dr Alvaro Bermejo and Pascale Allotey, Director SRH/HRP, WHO. IPPF is promoting wide dissemination of the guidelines, which are available in English, French, Spanish and Arabic. A short, animated YouTube video has been created to publicize them. In-depth webinars are being held on each chapter from early 2023 onwards, in which MAs will share their expertise, as well as regional webinars.

In addition, we are developing a mobile app so that healthcare staff can access the guidelines and summaries, wherever they are. The app will be easy to navigate, allowing users to search topics by key words and bookmark pages or tables of particular interest.

We are keen that this valuable resource is used extensively by providers around the world, bringing us one step closer to achieving our vision: all people are free to make choices about their sexuality and wellbeing, in a world free from discrimination.

Anti-Racism Programme of Action

Over the last two years, IPPF has been putting measures in place to identify and tackle racism and discrimination throughout the Secretariat. We have deliberately labelled our intervention as the Anti-Racism Programme of Action, rather than using a broad-brush term of diversity, equity and inclusion, in order to address the problem – and issues stemming from racism – directly and explicitly. In November 2021, the IPPF Board of Trustees finalized a Statement on Anti-Racism for all Secretariat staff and committed to developing an Anti-Racism Programme of Action. Since then, an organizational policy dedicated to Equality, Diversity and Inclusion has also been updated. This policy applies to all staff, trustees, and volunteers of IPPF and its Member Associations.

A Working Group dedicated to moving the Anti-Racism Programme of Action forward was established in 2021, with representatives from across all regions of the IPPF Secretariat. A key priority of the Working Group that commenced in 2022 is to develop an Anti-Racism Toolkit. Work is underway to develop online materials, manual courses, videos, a quarterly newsletter, cross regional dialogues, and a virtual platform to support conversations and engagement across the Secretariat.



An externally led training was rolled out throughout 2022 across the Secretariat, including the Directors' Leadership Team and the Board of Trustees on anti-racism, discrimination, and anti-oppression. The training harnessed deep, and oftentimes uncomfortable, discussions with staff on key issues, including implicit and organizational bias, white supremacy culture, racial justice and intersectionality.

In 2022, the Working Group supported the development of a Declaration of Intent on Anti-Racism. This statement was presented at the General Assembly in Colombia in November 2022 and was formally adopted by all IPPF Member Associations. A plenary session was also held at the General Assembly which outlined clearly that Member Associations want bold, inclusive interventions to tackle racism within the Federation but also within global health more widely. These steps include:

- Strengthening our recruitment practices, including enabling anonymous recruitment through an online recruitment platform to be rolled out in 2023;
- Including online training on anti-racism as a mandatory component of staff induction for all new employees.

Our new global Human Resources Information system, set up in 2022, provides us with the ability to evaluate diversity in our workplace and will help us monitor and track diversity in our new joiners and equity in our pay levels, grading, progression and retention.

Safeguarding and Incident Management

IPPF continued to strengthen safeguarding and incident management capacity across the Federation during 2022.

The safeguarding training programme was further rolled out across MAs and the Secretariat. 85 per cent of new Secretariat staff joining during 2022 attended an initial safeguarding training, while 95 per cent of all Secretariat staff completed refresher training in the final quarter of 2022. IPPF delivered safeguarding training workshops to 330 participants across 11 MAs throughout the year, with capacity building provided to three new members of the global safeguarding task force to allow them to deliver MA safeguarding training. IPPF's global safeguarding training pack was updated and, in addition to translation into Arabic, French, Portuguese and Spanish, by the end of 2022 translation into a further nine languages (Malay, Swahili, Russian, Nepali, Hindi, Kannada, Bengali, Sinhalese and Tamil) had been commissioned.

IPPF's Safeguarding (Children and Vulnerable Adults) Policy requires safe recruitment practices to be observed across the Federation. IPPF assessed the compliance of all Secretariat offices against these requirements during 2022 and developed guidelines and resources to more deeply embed safe recruitment across the Secretariat. This alignment with internationally prescribed best practice in safe recruitment reduces the likelihood of individuals with serious safeguarding-related disciplinary actions or criminal convictions working at IPPF.

A total of 82 concerns were reported through the IPPF SafeReport system in 2022, while 79 were closed during the year. Overall, a cumulative total of 282 incidents were reported since the launch of the system in 2019, of which 38 remain open. A total of 23 of the cumulative total cases (8 per cent) were related to safeguarding concerns, of which five (11 per cent) were reported during 2022, the same number as in 2021. All five safeguarding reports in 2022 related to Member Associations. Of these safeguarding reports, one concerned sexual exploitation and/or abuse and four related to sexual harassment.

During 2023 we will continue to prioritise safeguarding KPIs and ensure that these are met at Secretariat and MA level. Others include the creation of resources to support investigations, greater identification of development and learning opportunities around lessons learned from case work, and designation of specific incident management responsibilities for staff within IPPF's new Secretariat structure.



Review of Results under IPPF’s Strategic Framework 2016–2022

2022 marked the final year of results for the Performance Dashboard, which measured progress in delivering IPPF’s Strategic Framework (2016–2022). Table 1 below shows a selection of expected results for which full data and projections are available. Table B1 on page 68 presents the full results for the same period.

Performance against total targets for the past strategic period has been good overall. However, while targets were comfortably achieved against several of the indicators, others were more challenging. This reflects unforeseeable events that occurred during the strategic period; notably, the COVID–19 pandemic which severely impacted results in 2020, as did the resignation of several MAs after the Western Hemisphere Region withdrew from the Federation in the same year. This negative impact was, however, mitigated thanks to a strong recovery in 2021.

Outcome 1: Champion rights

Overall, IPPF reported impressive results against Outcome 1, with both targets reached. For **Expected Result 1**, the number of advocacy wins achieved by MAs and the Secretariat, the total as 1,032 was just over the cumulative target of 1,000. The figures fluctuated from year to year, falling during and after the COVID–19 lockdown period but recovering strongly in 2022, reflecting increased efforts from MAs to promote and defend sexual and reproductive health and rights (SRHR). **Expected Result 3**, the number of youth and women’s groups supported to take an advocacy action in support of sexual and reproductive health and rights, also exceeded the cumulative target of 5,000 groups, despite a decline following the height of the pandemic. **Expected Result 2** was withdrawn during the mid-term review as country-level SDG targets were not set and so it was not possible to measure this indicator.

Outcome 2: Empower communities

Performance under Outcome 2 was more uneven. The number of young people reached with quality-assured comprehensive sexuality education (**Expected Result 4**) went up almost every year, barring a dip in 2020 due to the COVID–19 pandemic. However, the original targets quickly proved overly ambitious and were therefore revised during the Strategic Framework mid-term review in 2019, resulting in 95% of the target being achieved. **Expected Result 5**, was added following the mid-term review in 2019 and represents the number of educators trained by MAs who then provide comprehensive sexuality education to young people. This indicator saw a strong year-on-year increase in 2022 of 24 per cent. As it was not included in the original 2016 performance dashboard, no target was set against this indicator. **Expected Result 6**, measuring the number of people reached with positive SRHR messages, was withdrawn during the mid-term review as it was overly burdensome to collect the data and not a sensitive or meaningful measure of performance.

Outcome 3: Serve people

The expected results for Outcome 3 were hardest hit by the COVID–19 pandemic. Total services provided through MA-owned service delivery points (**Expected Result 7**) showed substantial growth in the first half of the Strategic Framework period, but then fell from 181.3 million in 2019 to 143.2 million in 2020, recovering to 159.9 million in 2022. The total recorded over the course of the Strategic Framework period was 1.1 billion, short of the projected 1.5 billion. Couple years of protection (**Expected Result 8**),

representing the volume of contraceptive provision by MAs, decreased only slightly from 27.0 million in 2019 to 26.8 million in 2020, and then increased to 29.0 million in 2021. Total couple years of protection over the whole period was 172.4 million, well above the projected 150 million across the full Strategic Framework period. The number of services enabled through MA partner clinics (**Expected Result 11**) followed a similar pattern. The cumulative total reached was 426 million, slightly below the ambitious target of 500 million across the seven-year period.

New users of contraception, as an FP 2020-related indicator, were counted through **Expected Result 9**. IPPF reached a total of 30.5 million new users of contraception over the strategic period. Client satisfaction with IPPF MA services was measured through **Expected Result 10**, using a net promoter score, introduced following the 2019 mid-term review. The performance against this indicator declined slightly from 69 per cent in 2020 to 63 per cent in 2022. **Expected Result 17**, the number of clients served in humanitarian settings, grew steadily from 3.3 million in 2017 to 10.0 million in 2022, reflecting MAs’ significant extended reach to people living in crisis settings.

Outcome 4: Unite and perform

Under Outcome 4, **Expected Results 12 and 13** measure the total Secretariat income and the total income generated by MAs locally, respectively. The ability for the Federation to mobilize funds fell short of a target that was quite ambitious, due in part to the reintroduction in 2017 of the Global Gag Rule by the United States government, which prevented IPPF raising money from the largest family planning donor, as well as the more recent cuts to funding by the UK government. **Expected Result 14**, the proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system, reached eight per cent in 2021, its final year. This expected result has now been superseded by IPPF’s new resource allocation model.

The number of volunteers supporting IPPF, tracked through **Expected Result 15**, rose by one per cent from 2021 to 2022, with 97 per cent of the target achieved over the entire Strategic Framework period. **Expected Result 16** (number of activists) was withdrawn during the mid-term review as it was not well defined and the vast majority of results came from just one MA. **Expected Result 18** measured the proportion of MAs receiving no more than 50 per cent of their income from IPPF unrestricted grant. No target was set for this indicator, but the total grew from 74 per cent in 2020 to 83 per cent in 2022.

Table 1

Expected Result	2016–2022 Actual result (total)	2016–2022 Cumulative target	% achieved
Expected Result 1 – Advocacy	1,032	1,000	103%
Expected Result 3 – Youth and women’s groups	5,370	5,000	107%
Expected Result 4 – Comprehensive sexuality education	217.5m	228m	95%
Expected Result 7 – Services provided by IPPF MAs	1.12bn	1.5bn	74%
Expected Result 8 – Couple years of protection	172.4m	150m	115%
Expected Result 11 – Services enabled through IPPF’s partners	426.0m	500m	85%
Expected Result 12 – Secretariat income	US\$1.03bn	US\$1.25bn	83%
Expected Result 13 – MA income	US\$1.69bn	US\$2.87bn	59%
Expected Result 15 – Volunteers	1.93m	2m	97%

IPPF's New Strategy: Come Together

"To be impactful in a world of change, IPPF must change too. That is what Strategy 2028 is all about: changing IPPF so it is well equipped to uphold SRHR for those who are left out, locked out or left behind. Our Strategy 2028 sets out a familiar path but in a new direction over far tougher terrain to that clear destination. We will walk that path shoulder to shoulder with young people, and with individuals and communities bearing the full brunt of stigma and prejudice."

Kate Gilmore, Chair, Board of Trustees, IPPF

In November 2022, IPPF launched its new strategy, Come Together, which covers the period 2023–2028. Approved by all MAs at the General Assembly in Colombia, the bold strategy is the culmination of an extensive two-year consultation and development process.



Photo: IPPF/Mercy Juma/Kenya

The journey to decide our shared priorities and goals began in December 2020 as we approached the end of the previous Strategic Framework (2016–2022). We kickstarted the process by commissioning research to inform the new strategy. Led by MAs from 120 countries, thousands of people from around the world took part in 24 roundtable discussions, 70 national consultations, 16 regional and youth forums, 20 workshops, questionnaires and an award-winning global youth challenge. The roundtables focused on issues including intersectionality, abortion advocacy, sexual and reproductive health and rights and disability, equitable access to contraception, decolonizing research and young people as leaders and agents of change. IPPF listened and our members’ diverse ideas and contributions shaped several drafts of the strategy.

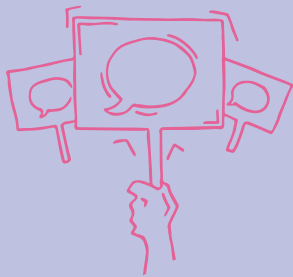
Since we agreed our previous strategy, climate change, widening inequality, racism, sexism and violence have created an increasingly polarized world. Some challenges, such as humanitarian crises, population displacements, pandemics and the rollback of reproductive rights and gender equality, have become more pressing. New technology, digital health and self-care present opportunities, when reflecting key values around inclusion and diversity, based on a human-centred design. We needed a new strategy that is fit for purpose: one that will enable us as a united Federation to face these challenges and embrace new possibilities. Our strategy, Come Together, does this. It urges us to come together, working with communities, young people and activists around the world to reach marginalized people with quality care, stand up for people in all their diversity who are excluded, and uphold sexual and reproductive rights for all. It also pushes us to work better together as a Federation.

The strategy comprises four pillars, with three facing outward and one focusing inward on strengthening IPPF. Each pillar has a goal and three critical pathways: the actions needed to achieve the goal. Ambitious commitments, stating what we will have achieved by 2028, accompany each pathway. Core IPPF priorities – young people, gender equality, rights and equity – are at the heart of each pillar. All four pillars and critical pathways are connected:



Pillar 1: Centre care on people.

The goal of the first pillar is quality person-centred care to more people, in more places. To achieve this, the critical pathways are expand choice, widen access, and advance digital and self-care. IPPF believes that care should be tailored to people’s needs across the life cycle. We will promote choice by offering a range of integrated, quality services and increasing our reach in humanitarian settings, while prioritizing care for marginalized people and youth. We will also invest in digital health interventions, which pave the way for self-care.



Pillar 2: Move the sexuality agenda.

The goal of this pillar is societal and legislative change for universal sexual and reproductive rights. To advance this goal, we will follow three critical pathways: ground advocacy, shift norms, and act with youth. We will engage in advocacy at all levels, address sexual and gender-based violence and defend hard-won rights. We will also deliver comprehensive sexuality education to more young people through digital and social media platforms. And we know that to be effective, messaging about sexuality and safer sex should include pleasure.



Pillar 3: Solidarity for change.

The goal is to amplify impact by building bridges, shaping discourse, and connecting communities, movements, and sectors. Critical pathways towards this goal are support social movements, build strategic partnerships, and innovate and share knowledge. To maximize impact and foster solidarity, IPPF will form alliances and collaborate across different sectors, based on common agendas. We will also communicate research findings and learning.



Pillar 4: Nurture our Federation.

The goal of this pillar is to replenish and nurture the Federation from a common value base and unleash our collective power for greater impact. We will follow three critical pathways: chart our identity, grow our Federation, and walk the talk. The sustained growth of the united Federation depends on affirming our shared values; supporting staff and volunteers; building a culture of high performance with modern, effective systems; and diversifying funding. And it means challenging racism and discrimination.

We have also developed a Results Framework to align with the Strategy. New indicators have been included to measure, for example, shifts in attitudes relating to gender equality and inclusion across the Federation and the communities we serve; and IPPF’s contribution in supporting social movements and defending activists. This will help us track progress in championing sexual and reproductive justice for all.



Photo: IPPF/Rob Rickman/Fiji

Annexes

Annex A: Number of successful policy and/or legislative changes, by country, 2022

Annex B: IPPF’s Performance Dashboard Results, 2016–2022

Annex A

Country	Number of changes	Country	Number of changes	Country	Number of changes
Americas & Caribbean		Africa		Arab World	
Colombia	5	Burundi	1	Egypt	4
Cuba	1	Nigeria	1	Morocco	8
Mexico	1	Togo	1	Pakistan	1
United States of America	12	Zambia	2	Sudan	2

Country	Number of changes	Country	Number of changes	Country	Number of changes
Europe		East & South East Asia & Oceania		South Asia	
Albania	7	Cambodia	3	India	3
Austria	1	China	1	Nepal	4
Belgium (FLCPF)	6	Indonesia	2		
Belgium (Sensoa)	1	Kiribati	1		
Bosnia and Herzegovina	2	New Zealand	4		
Bulgaria	2	Philippines	4		
Cyprus	1				
Denmark	1				
Estonia	1				
Finland	3				
France	1				
Germany	1				
Ireland	4				
Israel	1				
Kazakhstan	2				
Netherlands	3				
North Macedonia	4				
Romania	2				
Serbia Republic of	2				
Spain	3				
Sweden	5				
Switzerland	1				
Tajikistan	3				

Annex B

Table B1
IPPF’s Performance
Dashboard – Global
Performance Results,
2016–2022

Outcome 1 Indicators												Secretariat offices reporting	
		2016 baseline	2017 results	2018 results	2019 results	2020 results	2021 results	2022 results	2022 targets	Percentage of target achieved	MAs reporting		
1	Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed	175	146	163	141	136	121	150	155	97%	43		3
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed	661	1015	1038	756	752	552	596	n/a	n/a	60		2
Outcome 2 Indicators													
4	Number of young people who completed a quality-assured comprehensive sexuality education (CSE)	28,113,231	31,346,872	30,802,589	31,948,606	25,547,744	34,760,824	35,040,752	35,200,000	100%	126		
5	Number of educators trained by Member Associations to provide CSE to young people or to provide CSE training to other educators (training of trainers)	9,296	115,021	150,641	154,692	109,426	100,629	125,461	n/a	n/a	96		
Outcome 3 Indicators													
7	Number of SRH services provided	145,078,890	164,136,012	168,114,158	181,337,879	143,247,609	155,715,990	159,923,302	256,900,000	62%	112		
8	Number of couple years of protection	18,776,343	21,065,169	23,476,137	27,015,108	26,756,387	29,037,517	26,533,612	23,900,000	111%	111		
9	Number of first-time users of modern contraception	6,336,091	6,102,204	6,043,082	6,553,838	5,513,335	7,276,821	6,400,897	8,613,810	74%	47		
10	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology	..	..	..	..	69%	64%	63%	n/a	n/a	28	
11	Number of SRH services enabled	37,383,977	44,709,391	55,085,126	70,967,492	75,219,407	75,695,722	66,968,248	95,200,000	70%	117		
17	Number of clients served in humanitarian settings	..	3,131,094	5,083,448	4,638,513	5,469,096	6,071,485	9,952,743	n/a	n/a	44		
Outcome 4 Indicators													
12	Total income generated by the Secretariat (US\$)	130,391,389	125,081,940	132,960,014	191,467,154	165,950,500	164,725,000	121,800,000	234,204,030	52%		7	
13	Total income generated locally by unrestricted grant-receiving Member Associations (US\$)	291,198,069	291,747,796	264,262,874	252,089,810	215,859,796	190,864,081	178,986,027	484,900,000	37%	102		
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	6%	5%	9%	8%	5%	8%	n/a	20%	n/a		n/a	
15	Number of IPPF volunteers	172,279	232,881	261,573	314,068	316,798	316,240	318,179	n/a	n/a	126		
18	MAs receiving no more than 50% of their income from IPPF unrestricted grant	82%	82%	76%	79%	74%	81%	83%	n/a	n/a	102		

Table B2
Outcome 1: Performance Results, by region, 2016, 2021 and 2022

		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
Outcome 1 Indicators										
1	Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed	2022	19	5	16	76	15	8	11	150
		2021	8	12	15	54	13	1	18	121
		2016	53	11	5	71	17	11	7	175
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed	2022	126	11	190	127	83	16	43	596
		2021	28	23	125	110	47	37	182	552
		2016	234	22	133	177	47	29	19	661

Table B3
Outcome 2: Performance Results, by region, 2016, 2021 and 2022

		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
Outcome 2 Indicators										
4	Number of young people who completed a quality-assured comprehensive sexuality education (CSE)	2022	1,408,789	3,127,482	765,960	517,779	28,834,273	386,469	n/a	35,040,752
		2021	339,361	2,273,636	147,313	613,047	31,004,409	383,058	n/a	34,760,824
		2016	428,193	2,238,789	41,608	239,033	25,019,365	146,242	n/a	28,113,230
5	Number of educators trained by Member Associations to provide CSE to young people or to provide CSE training to other educators (training of trainers)	2022	23,050	55,245	2,716	27,351	9,775	7,324	n/a	125,461
		2021	49,112	19,733	5,986	12,560	7,528	5,710	n/a	100,629
		2016	6,130	88	130	2,734	214	0	n/a	9,296

Note on the data

In 2021, IPPF’s MA in Pakistan (Rahnuma – Family Planning Association of Pakistan) transferred from the South Asia region to the Arab World region. As a result, data for 2021 and 2022 is not necessarily consistent with prior years for these regions.

In 2022, IPPF began using an updated method for calculating CYP, based on research carried out by FHI360, Avenir Health and USAID¹. This slightly increases the CYP totals for IUDs and oral contraceptives. Data for 2021 and earlier has not been recalculated to maintain consistency with previous reports.

Due to rounding, numbers presented throughout this report’s annexes may not add up precisely to the totals indicated and percentages may not sum to 100.

Table B4
Outcome 3: Performance Results, by region, 2016, 2021 and 2022

		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
Outcome 3 Indicators										
7	Number of SRH services provided	2022	16,841,356	59,696,575	44,412,666	828,676	14,373,930	23,770,099	n/a	159,923,302
		2021	17,242,159	59,082,377	39,608,597	1,068,207	12,721,976	25,992,674	n/a	155,715,990
		2016	30,198,359	68,753,974	11,672,439	1,562,581	13,947,674	18,943,863	n/a	145,078,890
8	Number of couple years of protection	2022	4,661,115	14,587,079	4,840,481	30,776	865,077	1,549,085	n/a	26,533,612
		2021	3,564,225	16,150,382	6,943,453	18,524	719,277	1,641,657	n/a	29,037,517
		2016	6,678,636	7,770,541	955,758	49,680	679,485	2,642,243	n/a	18,776,343
9	Number of first-time users of modern contraception	2022	0	4,560,431	1,334,091	1,070	115,929	389,377	n/a	6,400,897
		2021	0	6,007,364	904,764	1,154	86,927	276,612	n/a	7,276,821
		2016	30,044	5,300,920	309,261	669	347,384	347,813	n/a	6,336,091
10	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology	2022	71%	60%	49%	44%	65%	70%	n/a	63%
		2021	69%	64%	9%	59%	66%	67%	n/a	64%
		2016	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
11	Number of SRH services enabled	2022	163,750	41,723,681	14,621,375	182,405	4,971,646	5,305,391	n/a	66,968,248
		2021	255,336	50,714,207	15,508,425	28,603	4,293,979	4,895,172	n/a	75,695,722
		2016	441,387	29,951,314	2,074,995	36,212	1,056,158	3,823,911	n/a	37,383,977
17	Number of clients served in humanitarian settings	2022	135,764	975,955	8,180,761	23,147	47,587	589,529	n/a	9,952,743
		2021	177,772	1,530,545	3,711,855	20,333	57,147	573,833	n/a	6,071,485
		2016	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Table B5
Outcome 4: Performance Results, by region, 2016, 2021 and 2022

		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
Outcome 4 Indicators										
12	Total income generated by the Secretariat (US\$)	2022								121,800,000
		2021	n/a							164,725,000
		2016								130,391,389
13	Total income generated locally by unrestricted grant-receiving Member Associations (US\$)	2022	44,860,736	70,936,488	12,619,141	7,411,308	27,423,221	15,735,133	n/a	178,986,027
		2021	75,171,772	61,830,386	9,100,632	4,942,356	26,363,921	13,455,013	n/a	190,864,081
		2016	149,979,959	65,638,161	5,341,111	4,481,212	51,280,444	14,477,182	n/a	291,198,069
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	2022	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		2021	9%	10%	6%	5%	2%	7%	n/a	8%
		2016	8%	4%	0%	7%	3%	10%	n/a	6%
15	Number of IPPF volunteers	2022	32,113	49,162	72,188	14,319	50,052	100,345	n/a	318,179
		2021	33,175	46,043	66,532	15,335	48,184	106,971	n/a	316,240
		2016	48,298	46,199	6,584	10,317	45,389	15,492	n/a	172,279
18	MAs receiving no more than 50% of their income from IPPF unrestricted grant	2022	85%	87%	38%	71%	84%	100%	n/a	83%
		2021	93%	82%	43%	77%	95%	88%	n/a	81%
		2016	94%	85%	62%	77%	74%	86%	n/a	83%

Table B6
Number of couple years of protection provided, by region, by method, 2016, 2021 and 2022

Method	Year	ACR	AR	AWR	EN	ESEAOR	SARO	Total
Implants	2022	1,325,775	6,276,377	1,521,856	1,035	116,403	97,607	9,339,053
	2021	1,417,601	7,490,598	1,280,701	250	88,059	88,229	10,365,438
	2016	1,145,216	2,437,908	130,877	7,015	79,297	79,124	3,879,437
Intrauterine devices	2022	1,000,992	3,075,581	2,632,689	22,231	342,735	176,765	7,250,993
	2021	713,159	3,130,709	4,637,845	9,921	240,573	208,462	8,940,669
	2016	2,651,157	1,424,628	497,477	19,347	199,679	1,348,074	6,140,362
Injectables	2022	898,566	2,272,809	109,031	115	43,459	184,435	3,508,415
	2021	345,692	2,299,268	291,150	65	32,739	126,533	3,095,447
	2016	653,097	1,065,356	31,080	89	49,564	155,627	1,954,813
Oral contraceptive pills	2022	430,946	1,591,496	451,297	909	68,144	308,036	2,850,828
	2021	270,104	1,730,259	508,191	744	66,081	366,605	2,941,984
	2016	567,218	1,480,745	251,840	3,097	66,528	222,066	2,591,494
Condoms	2022	205,186	1,313,494	78,385	6,242	274,192	331,710	2,209,209
	2021	161,330	1,435,968	145,110	7,288	281,750	308,071	2,339,517
	2016	293,596	1,272,659	43,482	18,867	270,315	195,263	2,094,182
Voluntary surgical contraception (vasectomy and tubal ligation)	2022	732,720	48,370	40,990	100	17,850	366,249	1,206,279
	2021	591,560	54,560	74,260	80	7,740	434,265	1,162,465
	2016	1,245,480	76,880	0	480	12,760	537,612	1,873,212
Emergency contraception	2022	33,017	8,369	6,172	72	1,092	84,282	133,004
	2021	31,105	7,895	6,138	98	1,045	109,492	155,773
	2016	81,228	9,143	557	671	1,126	104,477	197,202
Other hormonal methods	2022	33,912	0	0	35	322	0	34,269
	2021	33,672	367	0	31	357	0	34,427
	2016	40,445	58	0	66	90	0	40,659
Other barrier methods	2022	1	582	60	37	881	0	1,561
	2021	1	759	58	47	933	0	1,798
	2016	1,200	3,166	445	49	126	0	4,986
Total	2022	4,661,115	14,587,078	4,840,480	30,776	865,078	1,549,084	26,533,612
	2021	3,564,224	16,150,383	6,943,453	18,524	719,277	1,641,657	29,037,518
	2016	6,678,637	7,770,543	955,758	49,681	679,485	2,642,243	18,776,347
Number of responses	2022	(n=16)	(n=37)	(n=12)	(n=15)	(n=24)	(n=7)	(n=111)
	2021	(n=13)	(n=36)	(n=12)	(n=14)	(n=25)	(n=7)	(n=107)
	2016	(n=27)	(n=39)	(n=11)	(n=19)	(n=25)	(n=8)	(n=129)

Table B7
Number of sexual and reproductive health services delivered, by region, by service type, 2016, 2021 and 2022

Data	Year	ACR	AR	AWR	EN	ESEAOR	SAR	Total
Contraceptive (including counselling)	2022	4,336,549	51,087,581	10,104,238	197,554	6,273,833	8,947,681	80,947,436
	2021	5,014,629	54,500,447	13,659,460	253,983	5,094,227	9,003,340	87,526,086
	2016	8,980,338	47,748,224	2,989,983	374,277	5,890,895	5,892,684	71,876,401
STI/RTI (excluding HIV)	2022	4,830,761	13,054,260	3,825,059	205,616	3,504,090	3,017,654	28,437,440
	2021	4,548,519	13,587,341	4,018,565	236,718	3,114,933	3,112,874	28,618,950
	2016	5,046,217	10,138,284	1,082,883	339,554	2,223,562	2,129,211	20,959,711
Gynaecological	2022	2,859,583	10,878,628	7,729,267	83,970	3,214,945	3,529,323	28,295,716
	2021	3,441,247	11,894,515	9,422,254	84,840	2,917,530	3,427,438	31,187,824
	2016	8,529,057	9,156,910	2,323,176	150,763	1,837,816	3,123,922	25,121,644
Obstetric	2022	1,425,483	5,168,311	16,014,914	19,916	1,250,166	4,360,074	28,238,864
	2021	1,488,623	5,713,702	13,064,467	15,363	1,116,762	4,326,343	25,725,260
	2016	2,189,092	4,472,388	2,344,244	43,323	1,068,801	4,043,146	14,160,994
HIV (excluding STI/RTI)	2022	1,035,819	10,417,796	2,787,085	146,518	1,820,115	2,535,195	18,742,528
	2021	928,093	14,053,111	3,103,695	155,292	1,772,058	2,766,852	22,779,101
	2016	1,269,277	14,740,366	1,610,558	200,989	719,289	2,479,808	21,020,287
Paediatric	2022	37,136	1,967,036	8,057,770	850	243,492	2,886,339	13,192,623
	2021	58,850	1,974,459	5,183,252	601	266,830	2,897,286	10,381,278
	2016	555,470	2,897,906	2,028,557	5,947	820,613	1,772,854	8,081,347
Specialized counselling	2022	596,992	4,664,636	1,644,557	86,018	1,767,195	934,098	9,693,496
	2021	559,527	3,967,703	1,885,786	212,762	1,669,098	2,895,484	11,190,360
	2016	1,281,102	3,550,259	561,118	336,731	1,372,224	1,008,743	8,110,177
SRH medical	2022	70,666	932,244	4,744,181	133,293	71,547	1,592,831	7,544,762
	2021	48,894	958,875	1,139,618	6,283	62,108	1,233,964	3,449,742
	2016	73,213	3,116,699	269,110	5,294	380,033	1,094,769	4,939,118
Abortion-related	2022	1,201,298	1,966,179	799,563	128,808	572,490	361,731	5,030,069
	2021	819,820	1,962,169	703,184	123,744	526,968	406,127	4,542,012
	2016	1,923,701	1,548,283	187,291	115,299	548,281	442,185	4,765,040
Urological	2022	478,565	469,665	2,201,212	5,609	389,095	728,599	4,272,745
	2021	467,914	475,887	2,029,657	5,617	264,703	657,414	3,901,192
	2016	455,699	491,187	172,755	1,671	43,654	485,690	1,650,656
Infertility	2022	132,254	813,920	1,126,195	2,929	238,608	181,965	2,495,871
	2021	121,379	708,375	907,084	1,607	210,738	160,724	2,109,907
	2016	336,580	844,782	177,759	24,945	98,664	294,762	1,777,492
Total	2022	17,005,106	101,420,256	59,034,041	1,011,081	19,345,576	29,075,490	226,891,550
	2021	17,497,495	109,796,584	55,117,022	1,096,810	17,015,955	30,887,846	231,411,712
	2016	30,639,746	98,705,288	13,747,434	1,598,793	15,003,832	22,767,774	182,462,867
Number of responses	2022	(n=17)	(n=37)	(n=12)	(n=19)	(n=24)	(n=7)	(n=116)
	2021	(n=15)	(n=36)	(n=11)	(n=16)	(n=25)	(n=8)	(n=111)
	2016	(n=27)	(n=40)	(n=11)	(n=19)	(n=25)	(n=8)	(n=130)

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Locally owned, globally connected: A movement for change

Our vision

All people are free to make choices about their sexuality
and well-being, in a world without discrimination.

Our mission

Building on a proud history of nearly 70 years of achievement, we commit
to lead a locally owned, globally connected civil society movement that
provides and enables healthcare and champions sexual and reproductive
health and rights for all, especially the under-served.



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